

# 3D Medical Staffing, LLC

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## Weekly Time Record

Employee: \_\_\_\_\_

Hospital: \_\_\_\_\_

RN/LPN/CNA: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Day	Date	In	Out	In	Out	Unit	Hours	Notes	Authorized Signature
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

Employee signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employee: Signing of this time sheet is your responsibility. You cannot be paid unless the time sheet is signed by you and by the Client Company.**

**By executing this form, Employee certifies that this form is true and accurate, and that no injuries were suffered.**